

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=63-015022

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

042

Primary Registration District No.

1000

Registrar's No.

516

STATE FILE NUMBER

FILED APR 29 1963

VS 300  
Rev. 4/59

15117

25117

3

4 0

5 0

6

7 0

8 2

97615

10

11

123-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

## 1. PLACE OF DEATH

a. COUNTY

Buchanan

b. CITY (If outside corporate limits, give TOWNSHIP only)

St. Joseph

Length of stay in 1b

1 hr 14 min

c. FULL NAME OF (If NOT in hospital, give location)

St. Joseph's Hospital

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Buchanan

admission)

c. CITY

OR

TOWN

Inside Limits

St. Joseph

Yes ☒ No ☐

d. STREET

ADDRESS

(If outside, give location)

Reside on Farm

407

Highland Ave

Yes ☐ No ☐

## 3. NAME OF DECEASED

(Type or print)

First

Middle

Last

Steven

Douglas

German

## 4. DATE

Month

Day

Year

OF

DEATH

4

25

63

## 5. SEX

Male

## 6. COLOR OR RACE

white

7. Married ☐Never Married ☒Widowed ☐Divorced ☐

## 8. DATE OF BIRTH

4-25-63

## 9. AGE (last birthday)

IF UNDER 1 YEAR IF UNDER 24 HR

Months

Days

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done

during most of working life, even if retired)

None

## 10b. KIND OF BUSINESS OR INDUSTRY

None

## 11. BIRTHPLACE (City and state or country)

St. Joseph, Mo.

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

Bernard Morris German

## 13b. MOTHER'S MAIDEN NAME

Helen Adelle Morris

## 14. NAME OF HUSBAND OR WIFE

None

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of

No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Bernard M. German

## Address

## 18. CAUSE OF DEATH (Enter only one cause per

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Prematurity - - 5 1/2 MO -

## INTERVAL BETWEEN

ONSET AND DEATH

2 hr

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

maternal - Premature labor due

DUE TO (c)

premature separation of placenta

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. if deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY

PERFORMED?

YES ☐ NO ☒

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF

INJURY

Hour

Month, Day, Year

a.m.

p.m.

## 20d. INJURY OCCURRED

WHILE AT WORK: ☐NOT WHILE AT WORK: ☐

## 20e. PLACE OF INJURY (e.g., in or about home,

farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

## 21. I attended the deceased from 4-25-63 to 4-25-63 and last saw him alive on 4-25-63

Death occurred at 12:00 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

M. E. Grimes

## (Degree or title)

MD

## 22b. ADDRESS

H. J. Jacobson

## 22c. DATE SIGNED

4/20/63

## 23a. BURIAL, CREMATION,

REMOVAL (Specify)

Removal

## 23b. DATE

4-26-63

## 23c. NAME OF CEMETERY OR CREMATORY

Hoperville Cemetery

## 23d. LOCATION (City, town, or county)

Hoperville

## (State)

Iowa

## 24. FUNERAL DIRECTOR

Stoney Funeral Home

## ADDRESS

St. Joseph, Mo.

## 25. DATE RECD. BY LOCAL REG.

April 26, 1963

## 26. REGISTRAR'S SIGNATURE

Mrs. Clark Handell

USE BLACK INK  
OR  
TYPEWRITER RIBBON

M. E. Grimes, M.D.

(Licensed Embalmer's Statement on Reverse Side)

Permit issued 4-26-63

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Charles E. Bennett

Licensed Embalmer No. 4677

P. O. Address St Joseph Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.